

**MARTINSVILLE SHERIFF'S OFFICE**

TO WHOM IT MAY CONCERN: I am an applicant for a position with the Martinsville Sheriff's Office. The department needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I applied. It is in the public's interest that all relevant information concerning my personal and employment history be disclosed to the above department.

I hereby authorize any representative of the Martinsville Sheriff's Office bearing this release, or a copy thereof, to obtain any information in your files pertaining to my personal and employment records and I hereby direct you to release such information upon request of the bearer. I do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to a duly authorized agent of the Martinsville Sheriff's Office, whether said records are of public, private, or confidential nature. The intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation that may provide pertinent data for the Martinsville Sheriff's Office to consider in determining my suitability for employment in that department. It is my specific intent to provide access to personnel information, however personal and confidential is may appear to be.

I consent to your release of any and all public and private information that you may have concerning me, my work record, my background and reputation, my military service records, educational records, my financial status, my criminal history record, including any arrest records, any information contained in investigatory files, efficiency ratings, complaints or grievances filed by or against me, the records

or recollections of attorneys at law, or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have or have had an interest, attendance records, polygraph examinations, and any internal affairs investigations and discipline, including any files which are deemed to be confidential and/or sealed.

I hereby release you, your organization, and all others from liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal employees or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. I direct you to release such information upon request of the duly accredited representative of the Martinsville Sheriff's Office regardless of any agreement I may have made with you previously to the contrary. The law enforcement organization requesting the information pursuant to this release may discontinue processing my application if you refuse to disclose the information requested. I understand the information obtained pursuant to this release will be one of the factors that will be used by the Martinsville Sheriff's Office in considering my qualifications and aptitude for employment as a police officer and that the information obtained pursuant to this release can be used as grounds for disqualification for employment with the Martinsville Sheriff's Office.

For and in consideration of the Martinsville Sheriff's Office's acceptance and processing of my application for employment, I agree to hold you or your organization, its agents and employees harmless from any and all claims and liability associated with my application for employment or in any way connection with the decision whether or not to employ me with the Martinsville Sheriff's Office. I understand that should information of a serious criminal nature surface as a result of this investigation, such information may be turned over to the proper authorities.

I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to access and to disclosure of records, and I waive those rights with the understanding that information furnished will be used by the Martinsville Sheriff's Office in conjunction with employment procedures. In consideration of the Martinsville Sheriff's Office considering my application for employment, I hereby waive any and all rights of access and discovery of any documents, information, DMV records, reports, records, statements, or letters obtained by the Martinsville Sheriff's Office pursuant to this release.

A photocopy or fax copy of this release form will be valid as an original thereof, even though said photocopy or fax copy does not contain an original writing of my signature.

The authorization to release information is valid for a period of one year from the date of my signature. The other terms in this agreement are valid indefinitely. Should there be any questions as to the validity of this release, you may contact me at the address listed on this form.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request. I further acknowledge that all paperwork obtained through this investigation/background check is the property of the Martinsville Sheriff's Office and I release any rights to the ownership of such documents or related paperwork.

Full Name(Printed) \_\_\_\_\_ Full Name(Signature) \_\_\_\_\_

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

Race: \_\_\_\_\_ Gender: Male \_\_\_\_\_ Female \_\_\_\_\_ Drivers License Customer #: \_\_\_\_\_

**NOTARY**

Subscribe and sworn to me before this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

Notary Public \_\_\_\_\_

My Commission expires \_\_\_\_\_, 20 \_\_\_\_\_.